## ENTRY BLANK

PLEASE TYPE OR PRINT Entered previous May Show
ves □ no
凶 Ms.
☐ Mr. Artist Beatrice Louise Mitchell
Permanent (Last Name Last Address 23650 S. Woodland Rd., Cleveland
Street City
44122 Tel. (216) 464-5840
Zip Area Code
Studio Address xxx Same as above xxx
Street City
Tel. ( )
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator
(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
☐ Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Considerations
Special Instructions
When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information Signature

DO NOT DETACH